PTO/SB/17 (10-08)
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FEE TRANSMITTAL For FY 2009  X Application Number   10/524, 104-Conf. #3834 Filting Date   February 10, 2005 First Named Inventor   Birkir SVEIDSSON   Examinor Name   S. X. Wen   S. X. Wen    X Application To PAYMENT (check all that apply)  Check   Credit Card   Money Order   None   Other (please identify):  X Deposit Account Capasit Account Namber   02-2448   Deposit Account Name   Birch, Stewart, Kolasch & Birch, LLP   For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge lee(s) indicated below   Resistence   Charge lee(s) indicated below   Resistence   Resistence	X \(\Sigma \) \(\S				
FOR FY 2009  First Named Investor  Examiner Name  E		Application Number	10/524,104-Cenf. #3834		
FOR FY 2009  First Named Investor  Examiner Name  E	FEE TRANSMITTAL	Filling Date	February 10, 2005		
METHOD OF PAYMENT   (s) 1,270.00   Attorney Docket No.   3535-0138PUS1		First Named Inventor	Birkir SVEINS	Birkir SVEINSSON	
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (piease identify):    Check Credit Card Deposit Account Deposit Below Deposit Below Deposit Account Deposit Below Deposit Bel	F V) F 1 2 V V 3	Examiner Name	S. X. Wen		
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other tplease identify:  X Deposit Account Deposit Account Deposit Account Deposit Account Number O2-2448 Deposit Account Number O1 (check all that apply)  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee  X Charge fee(s) indicated below, except for the filling fee  X Charge fee(s) indicated below, except for the filling fee  X Charge fee(s) indicated below, except for the filling fee  X Credit any overpayments  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES SEARCH FEES EXAMINATION FEES  FILING FEES SEARCH FEES EXAMINATION FEES  Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity  Application Type Fee (3) Fee (4) Fee (5) Fee (5) Fee (6) Fee	X Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1644	***************************************	
Check Credit Card Money Order None Other typicase identify:    X   Deposit Account   Deposit Account Number   O2-2448   Deposit Account Number   Deposit Account Number   O2-2448   Deposit Account Number   Deposit Number   Depos	TOTAL AMOUNT OF PAYMENT (\$) 1,270.00	Attornéy Docket No.	3535-0138PUS1		
Deposit Account   Deposit Account Number   Q2-2448   Deposit Account Name   Birch, Stewart, Kolasch & Birch, LLP	METHOD OF PAYMENT (check all that apply)				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   X   Charge fee(s) indicated below, except for the filting fee   X   Charge fee(s)   X   Charge fee(s)   X   Charge fee(s)   X   Charge fee(s)   X   Extend for   X   Charge fee(s)   X   Charge fee(s)   X   Extend filting fee   X   Charge f	Check Credit Card Money Order None Other (please identify):				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filting fee     X   Charge any additional fee(s) or underpayments of   X   Credit any overpayments     X   Charge any additional fee(s) or underpayments of   X   Credit any overpayments     X   Example   Credit     X   Credit any overpayments     X   Credit	X Deposit Account Deposit Account Number 02-2448 Deposit Account Name. Birch, Stewart, Kolaschi & Birch, LLP				
X   Charge any additional fee(s) or underpayments of   X   Credit any overpayments	- Annual Control of the Control of t	s hereby authorized to: (che	eck all that apply)		
### Page Description   Extra Claims   Fee (s)   Fee (s)	X Charge tee(s) indicated below	Charge fee(s) ir	ndicated below, ex	cept for the filing fee	
Section   Sect		f X Credit any over	payments		
BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   Small Entity   Small			······	***************************************	
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Application Type		ARCH FEES EXAMI	NATION FEES		
Disting   330   165   540   270   220   110		Small Entity	Small Entity	w . w	
Design   220   110   100   50   140   70				rees Paid (5)	
Plant   220   110   330   165   170   85	1. <del>*</del>			***************************************	
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Provisional 220 110 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Fee (\$)  Each claim over 20 (including Reissnes) 52 26  Each independent claims over 3 (including Reissnes) 220 110  Multiple dependent claims 930 195  Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  12 -20 or HP x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  3 -4 or HP = X = HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer fistings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50					
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissnes)  Each claim over 20 (including Reissnes)  Each independent claim over 3 (including Reissnes)  Multiple dependent claims  Total Claims  Extra Claims  Fee (S)  Fee Paid (S)  Multiple Dependent Claims  12 -20 or HP x = Fee (S)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (S)  Fee Paid (S)  1 -4 or HP = X = HP - highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer fistings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50				***************************************	
Fee Description  Each claims over 20 (including Reissnes)  Each independent claims over 3 (including Reissnes)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (S)  Fee Paid (S)  Multiple Dependent Claims  12 -20 or HP  x = Fee (S)  Fee Paid (S)  HP = highest number of total claims paid for, if greater than 20.  Indea. Claims  Extra Claims  Extra Claims  Extra Claims  Fee (S)  Fee Paid (S)  1 -4 or HP = x = HP - highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50		8 8	9		
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Shorts or fraction thereof Son 25 TI S C AVOVIVON and 37 CER 1 16(c)	listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50				
Signers of transfer that con- one 3.5 C.S.C. 44(4)(1)(c) min 57 C.S.C. 1.10(8).	sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and	37 CFR 1.16(s).			
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)		•		Fee Paid (\$)	
- 100 = /50 = (round up to a whole number) x =		(round up to a whole number)	) X		
4. OTHER FEE(S)  Non-Regulation \$130 for the amaliantic discount.					
Non-English Specification, \$130 fee (no small entity discount)  Cable (no. 1ste Fling surchases), 2801 Request for continued examination (RCE) (see 37 405.00					
Other (e.g., late filing surcharge): 2801 Hequest for continued examination (HCE) (see 37 405.00 2254 Extension for response within fourth month 865.00					
SUBMITTED BY					
Seguiron No. 40 069 Telephone (703) 205 2000	3,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7		Telephone	(703) 205-8000	
Name (Print/Type) Mary Anne Arristrong // Date March 22, 2010		(Attorney/Agent)			



